



STATE OF MARYLAND

DHMH

PT4-03

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

Clinic Transmittal No. 56

August 29, 2002

Children and Youth Clinics
Federally Qualified Health Centers
Maryland Qualified Health Centers
Rural Health Clinics
Managed Care Organizations

From: Susan J. Tucker, Executive Director
Office of Health Services

Billing Medical Assistance for Maryland Healthy Kids Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

The purpose of this transmittal is to advise the above-listed clinic providers that the procedure codes used to bill Medical Assistance for the Maryland Healthy Kids Program well child care services are changing. This is being done to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, that requires the use of standard procedure codes nationwide.

For services performed on or after October 1, 2002, Maryland Healthy Kids program services must be billed by using the following preventive medicine CPT codes:

New Patient: Initial Comprehensive Preventive Care Screen

99381: infant (ages under 1 year)
99382: early childhood (ages 1 through 4 years)
99383: late childhood (ages 5 through 11 years)
99384: adolescent (ages 12 through 17 years)
99385: young adult (ages 18 through 20 years)

**Established Patient: All Periodic Comprehensive Preventive Care Screens
After Initial**

- 99391: infant (ages under 1 year)
- 99392: early childhood (ages 1 through 4 years)
- 99393: late childhood (ages 5 through 11 years)
- 99394: adolescent (ages 12 through 17 years)
- 99395: young adult (ages 18 through 20 years)

These preventive medicine CPT codes must be used for MCO encounters, as well as fee-for-service visits billed directly to the Medical Assistance Program. The per-visit reimbursement rates for Federally Qualified Health Centers, Maryland Qualified Health Centers and rural health clinics for the preventive medicine Maryland Healthy Kids codes are the same as the reimbursement rates for the former Maryland Healthy Kids codes: W9075, W9077, and W9078. Children and youth clinics will be paid the same per-visit reimbursement rates for the preventive medicine codes as physicians are paid.

For Healthy Kids services performed through September 30, 2002, continue to use procedure codes W9075, W9077 and W9078. However, for all well child care services performed on or after October 1, 2002 the preventive medicine CPT codes shown above must be used. The enhanced rates for the "W" codes will not be active for well child care services performed on or after October 1, 2002.

Reminder: The Maryland Healthy Kids Program mandates a schedule of preventive health care services and the frequency that these services must be provided for all Maryland Medical Assistance recipients ages birth to 21. Enclosed is a copy of the Schedule of Preventive Health Care and a short description of the screening services. Neither the schedule nor the services have changed.

For questions about the Maryland Healthy Kids/EPSTD Program, please contact the Division of Healthy Kids at 410-767-1683. For other questions about this transmittal, please contact the Staff Specialist for Free-Standing Clinics at 410-767-1489.

Enclosures

cc: Marti Grant, R.N.

II. SCHEDULE OF PREVENTIVE HEALTH CARE

A. HEALTHY KIDS/EPSDT SCREENING SERVICES

The Healthy Kids Program **Schedule of Preventive Health Care** meets standards set by state and federal regulations. The Schedule defines how often a child should be seen for a well child visit and conforms with the number of visits recommended by the American Academy of Pediatrics (AAP). Since children eligible for Medical Assistance may be at higher risk for health problems than the general population, certain screening components, such as lead testing, are required rather than optional. The Schedule includes seven full preventive visits in the first year of life, three screens in the second year, a yearly periodic visit between ages two through twenty. Children older than age six should receive an annual preventive well-child visit, however, a preventive care visit may occur every two years with documentation of medical rationale by the primary care provider. Additionally the Schedule does not preclude more frequent preventive health visits if medically necessary and documented. The components are summarized as follows:

Health and developmental history:

- ▶ Initial/Interval Personal and Family Health History
- ▶ Developmental/Mental Health Assessment

Comprehensive unclothed physical examination:

- ▶ Assessment of Physical Growth and Nutritional Status
- ▶ Unclothed Physical Examination By Systems
- ▶ Assessment of Vision
- ▶ Assessment of Hearing

Appropriate laboratory tests:

- ▶ Anemia Test
- ▶ Cholesterol Test (for high-risk only after risk assessment)
- ▶ Hereditary/Metabolic and Hemoglobinopathy Screening
- ▶ Lead Assessment & Blood Lead Test
- ▶ Tuberculin Test (for high-risk only after risk assessment)
- ▶ STD/HIV Test (for high-risk only after risk assessment)

Immunizations:

- ▶ Assess Immunization Status
- ▶ Immunize Using Current Recommendations of the Advisory Committee on Immunization Practices (ACIP).

Health education/anticipatory guidance:

- ▶ Age-appropriate Guidance
- ▶ Dental Assessment and Referral
- ▶ Inform Parent of the Next Preventive Health Visit.



SCHEDULE OF PREVENTIVE HEALTH CARE

These are the minimum standards that must be followed for the provision of preventive health care to all Maryland Medical Assistance (MA) recipients ages birth to 21. This includes children enrolled in managed care programs, and children in special categories such as children in the Rare and Expensive Case Management Program. **The Program continues to recommend yearly preventive visits from age 2 through 20 years.** However, based on the provider's professional judgement, children after age 6 years can receive a preventive care visit at 2-year intervals if specifically documented in the medical record as the plan of care.

The Program also covers interperiodic/partial screens if medically necessary.

Screening Components	AGE	INFANCY							EARLY CHILDHOOD					LATE CHILDHOOD								ADOLESCENCE				
		New Born	0-1 mos.	2-3 mos.	4-5 mos.	6-8 mos.	9-11 mos.	12 mos.	15 mos.	18 mos.	2 yrs.	3 yrs.	4 yrs.	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16-17 yrs.	18-20 yrs.
Health and Developmental History		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Develop./Mental Health Assessment		S	S	S	S	*	*	*	*	*	*	*	*	S	S	S	S	S	S	S	S	S	S	S	S	S
Physical Examination (unclothed)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Height and Weight		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Head Circum.**		X	X	X	X	X	X																			
Blood Pressure											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vision		S	S	S	S	S	S	S	S	S	S	*	*	*	S	S	S	S	S	S	*	S	S	S	*	S
Hearing		S	S	S	S	S	S	S	S	S	S	*	*	*	S	S	S	S	S	S	*	S	S	S	*	S
Hereditary/Metabolic** Hemoglobinopathy		X	X	(X)																(X)						
Lead Assessment						X	X	X	X	X	X	X	X	X												
Lead-Blood Test**							X	(X)	(X)	X	(X)	(X)	(X)	(X)												
Anemia Hct/Hgb**							X	(X)	(X)	X	(X)	(X)	(X)	(X)												
Immunizations		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Education/Anticipatory Guidance		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dental Assessment ¹		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

KEY: X Required.
 (X) Required if not done when previously scheduled.
 S Subjective assessment required.
 * Subjective assessment required; objective testing recommended.
 Additional testing/screening required for children and teens at risk.
 Includes referral to dentist at every visit beginning age 2.